



Town of Sheffield

Highway Department

STREET CURB CUT PERMIT

TO BE COMPLETED BY APPLICANT

Owner: _____	Contractor: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Location: _____	
Assessors Map and Parcel Number: Map ____, Block ____, Parcel _____	
Scope of Work: _____	
_____	Width of Curb Cut: _____
Estimated Dates of Work: _____	
Owner's Signature: _____	

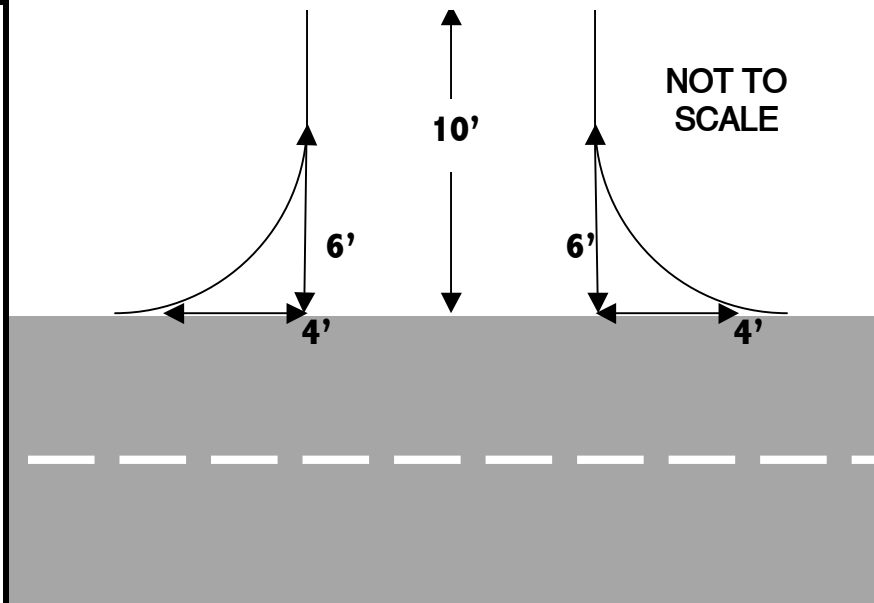
TO BE COMPLETED BY HIGHWAY SUPERINTENDENT

Permission is hereby granted this _____ day of _____, 20____ to place a driveway or other form of accessway entering upon _____, a public way in the Town of Sheffield in conformity with the attached drawing and subject to the following requirements and conditions:

REQUIREMENTS AND CONDITIONS:

1. Driveway shall **NOT** direct water onto public way and shall **NOT** block road drainage
2. Prior to any work DIG SAFE must be notified
3. Maximum Width of Driveway: _____ Plus 4' Radius Both Sides
4. Blacktop Apron Required - Minimum Depth of Blacktop: **4"**
5. Apron must be completed by: _____
6. Apron to extend a minimum of 10' from Edge of Public Way
7. Apron shall **NOT** overlay onto Public Way.
8. Required Driveway Aprons Must Be Completed Prior to Receipt of Certificate of Occupancy Permit
9. Preparation work has to be inspected before placing finish black top
10. _____
11. _____

Diagram of Required Driveway Apron



TOWN SIGNATURES:

HIGHWAY SUPERINTENDENT

POLICE CHIEF

BOARD OF SELECTMEN